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## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Antone Aboud Associates, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Antone Aboud

(Name of Person)

Antone Aboud Associates, Inc.

(Firm/Company)

825 S. Gulfview Blvd, #310

(Address)

CLEARWATER BEACH, FL 33767

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

100003124851-0

-02/04/00-01103-002

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Antone Aboud

(Name of Person)

at (727) 449-1122

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

(850) 487-6091  
Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ANTONE Aboud Associates Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New York State 3. 16-1536604  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/97 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. January 3, 2000  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 210 Shaker Ridge Dr.  
Niskayuna, NY 12309  
(Current mailing address)
8. Conducting Management Consulting and Training  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: Antone Aboud
- Office Address: 825 S. Gulfview Blvd. #310  
Clearwater Beach, FL, Florida, 33767  
(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Antone Aboud  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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ALABAMA SECRETARY OF STATE

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: Antone Aboud

Address: 825 S. Gulfview Blvd, #310 Clearwater Beach, FL 33767

Vice Chairman: Jacqueline Aboud

Address: 825 S. Gulfview Blvd, #310 Clearwater Beach, FL 33767

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Antone Aboud

Address: (same)

Vice President: Jacqueline Aboud

Address: (same)

Secretary: Jacqueline Aboud

Address: (same)

Treasurer: Antone Aboud

Address: (same)

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. \_\_\_\_\_

President

(Typed or printed name and capacity of person signing application)

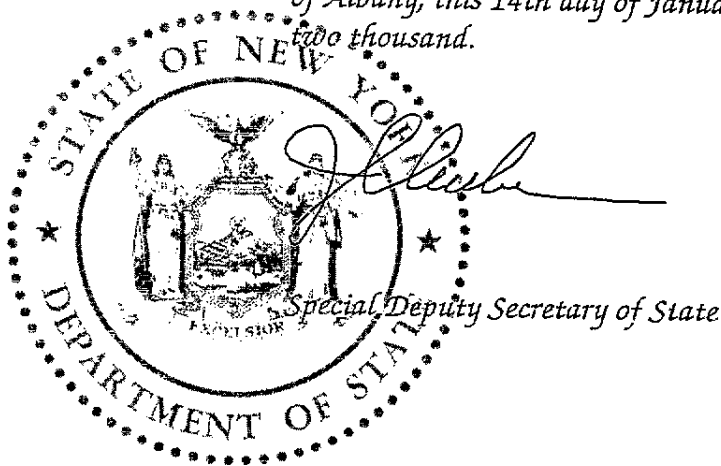
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CLERK OF DISTRICT COURT

**State of New York** } **ss:**  
**Department of State**

I hereby certify, that the certificate of incorporation of ANTONE ABOUD ASSOCIATES, INC. was filed on 09/09/1997, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

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Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 14th day of January  
two thousand.



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